



**Department
of Health**

**AIDS
Institute**

**New York State
Department of Health
AIDS Institute**

**HIV Quality of Care Program
Quality Management Plan**

2021-2022

New York State Department of Health
AIDS Institute HIV Quality of Care Program Quality of Care Program
Quality Management Plan 2021-2022

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New York State Department of Health AIDS Institute Quality of Care Program Quality Management Plan 2021-2022

I) Introduction

Overview

The New York State Department of Health AIDS Institute is dedicated to ensuring all people living with HIV (PLWH) meet or exceed quality of care standards in accordance with New York State (NYS) HIV clinical guidelines. The mission of the AIDS Institute is to protect and promote the health of NYS's diverse population through disease surveillance and the provision of quality prevention, health care, and supportive services for those affected by HIV/AIDS, sexually transmitted infections, viral hepatitis, and related health concerns. In addition, the AIDS Institute promotes the health of LGBTQ populations, substance users, and the sexual health of all New Yorkers.

Mission: The AIDS Institute is committed to eliminating new infections, improving the health and well-being of persons living with HIV, AIDS, sexually transmitted diseases, and viral hepatitis, and improving LGBT and drug user health.

Quality Statement: The NYSDOH/AIDS Institute is committed to ensuring equitable access to HIV care to promote the health and wellbeing of all New Yorkers living with HIV. The AIDS Institute collects data on the performance of HIV clinical and non-clinical service providers, uses these data to identify areas for improvement, and fosters improvement both by supporting improvement activities and building capacity for quality management (QM).

Vision

All New Yorkers enjoy health and well-being free of stigma and disease.

Core Values

- **Respect:** We treat all individuals with dignity, respect and compassion.
- **Partnership:** We value community input and collaboration with federal, state, local and community partners.
- **Leadership:** We embrace, empower and drive change.
- **Innovation:** We foster creative approaches to carrying out our mission.
- **Stewardship:** We strive to be creative and resourceful in planning, developing, and delivering high quality services to impacted communities.

Guiding Principles

The AIDS Institute is committed to carrying out its work according to the following guiding principles:

- Focus on meeting the unique needs of high risk populations.
- Address the social determinants of health.
- Promote comprehensive and integrated services.
- Implement data-based decision making and continuous quality improvement (QI).
- Adapt to:

- The ever-changing dynamics of HIV, AIDS, sexually transmitted diseases, and viral hepatitis
- Scientific and medical advances
- The evolving needs of individuals, families, communities, health and human service providers and others

Ending the Epidemic

The New York State HIV Quality of Care (QOC) Program is guided by the three-point Ending the Epidemic plan, detailed in 2014.

The three-point plan:

1. Identifies persons with HIV who remain undiagnosed and link them to health care.
2. Links and retains persons diagnosed with HIV in health care to maximize virus suppression so they remain healthy and prevent further transmission.
3. Facilitates access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative.

Ending the Epidemic (ETE) performance measures, which align with or exceed national HIV goals, are in place for all programs and providers. These measures relate to identification of persons living with HIV, linking them to care, and achieving viral suppression. These measures assess the impact of services on clinical outcomes. As noted in Finding C.4., which is identified as a strength, we are working with providers to develop individual HIV care cascades (i.e., HIV care continuums), which will ensure that providers understand the impact of their services on clinical outcomes. Ending the Epidemic (EtE) in New York State will maximize the availability of lifesaving, transmission-interrupting treatment for HIV, saving lives and improving the health of New Yorkers. It will move New York from a history of having had the most crippling HIV epidemic in the nation to a future where all new infections are rare events and those living with HIV have normal life spans with few complications. A community inspired and created EtE Blue-Print was developed (https://www.health.ny.gov/diseases/aids/ending_the_epidemic) with certain of its specific goals and metrics germane to the current Quality Management Plan.

The following provides information on important advancements pertaining to all 3 points of the Governor's Plan, to test and provide PrEP for those at risk for HIV, to link and retain persons diagnosed with HIV in health care to facilitate and maintain virus suppression in order maximize health and prevent further HIV transmission in NYS.

The AIDS Institute receives state and federal funding, including Ryan White HIV/AIDS Program (RWHAP) Part A and Part B funds. The AIDS Institute Quality Management Plan is an integrated strategy designed to facilitate quality improvement initiatives throughout the AIDS Institute while remaining appropriately cognizant and adherent to individual funding streams.

AIDS Institute Quality of Care Standards: The QOC Standards outline the expectations for HIV providers in NYS, regardless of their caseload, location, or service delivery model. All HIV ambulatory programs are expected to establish a QM program to assess the extent to which HIV health services provided to patients are consistent with these QOC Program Standards (see Appendix C). Most recently revised in 2021, these standards are consistent with the HIV/AIDS Bureau Policy Clarification Notice #15-02 and include five domains:

- Infrastructure of HIV QM Programs (Quality Management Program)
- Performance Measurement
- Quality Improvement Activities
- Staff Involvement
- Consumer Involvement

II.) Quality Improvement Goals and Initiatives

Improvement goals and initiatives are aligned with the goals of the AIDS Institute and the Ending the Epidemic (EtE) initiative. They are pursued through, and coordinated across, various components of the QOC Program.

Improvement Goals

For 2021-2022, the HIV Quality Improvement Program established the following prioritized improvement aims:

Goal 1: Increase viral suppression of PLWH who are served by ambulatory HIV clinical and supportive service providers in NYS, including all providers who receive Ryan White Part B funding as subrecipients through the AIDS Institute.

Measurable objective:

- 1) Viral suppression: increase percentage of persons living with diagnosed HIV infection with viral suppression to 89% percent by the end of 2021 (NHAS Goal: 80 percent) (EtE metrics)^{1,2}

Key strategies:

- Integrate viral suppression rates into all QOC Program activities to drive improvement.
- Produce statewide, regional, and local benchmark reports of viral suppression rates.
- Publicly disseminate viral suppression data through posting on Health Data NY (health.data.ny.gov) and EtE dashboard (etedashboardny.org).
- Conduct targeted organizational assessments of facility-level capacity to measure and improve HIV-related outcomes, including viral suppression rates at low performing HIV organizations.
- Include viral suppression rates in annual facility-specific Quality Improvement (QI) profiles.
- Integrate robust process improvement methods to measure and improve viral suppression rates into Learning Networks with a focus on durable viral suppression.
- Build capacity among consumers to partner with their health care providers to improve their viral suppression rates.
- Identify providers with low viral suppression rates and provide technical assistance to address low rates of viral suppression at these sites.
- Ensure that the social determinants of health are appropriately addressed through all funded supportive service providers including those who receive Ryan White Part B funding as subrecipients through the AIDS Institute.
- All subrecipients of Part B funding will report viral load suppression rates through the AIRS application monthly. Contract managers will review viral load suppression rates. Providers

¹ Office of National AIDS Policy. *National HIV/AIDS Strategy for the United States: updated to 2020*. July 2015. Available at: <https://files.hiv.gov/s3fs-public/nhas-update.pdf>.

² Ending the Epidemic Dashboard NY. October 16, 2017. Retrieved from <http://etedashboardny.org/targets/>.

will develop quality improvement projects to improve rates with technical assistance and coaching provided by contract managers and quality of care program staff and consultants.

Goal 2: Continue implementation of organizational HIV treatment cascades submitted by all organizations that provide clinical HIV care, including those who receive Ryan White Part B funding as subrecipients of the AIDS Institute, to reduce gaps in HIV care and guide regional and local improvement activities, with an emphasis on addressing open patients.

Measurable objectives:

- 1) Development of organizational HIV care and treatment cascades: increase the percentage of HIV ambulatory care organizations that participate in the Quality of Care Program in NYS completing organizational HIV cascades to 100 percent by December 31, 2022.
- 2) Cascade improvement plans: increase the percentage of ambulatory care organizations developing improvement plans in response to their cascade results to 100 percent by December 31, 2022.

Key strategies:

- Expect HIV programs participating in the QOC Program to submit organizational HIV treatment cascades, based on NYSDOH AIDS Institute standardized HIV organizational treatment cascade guidance (see Appendix J).
- Expect HIV programs participating in the QOC Program to submit improvement plans in response to organizational HIV cascade findings. Improvement plans should include a plan to address open patients – i.e., to ensure that all PLWH who contact an organization are in HIV care.
- Complete a formal review of the submitted cascades and quality improvement plans, including an assessment by the QI coaches, followed by review and approval by the Medical Director.
- Provide technical assistance and coaching to organizations with low scores on cascade measures.

Goal 3: Reduce the incidence of HIV-related stigma through the development and distribution of HIV stigma reduction guidance and toolkits to HIV clinical and supportive service providers.

Measurable objectives:

- 1) HIV stigma reduction guidance and toolkits: ensure that HIV stigma reduction toolkits which include evidence-based stigma reduction practices, emerging practices, training curricula, and evaluation tools are distributed to 100% of clinical and non-clinical providers receiving Part B clinical and non-clinical funding through NYSDOH AIDS Institute, and at least 85% of HIV clinical providers who do not receive Part B funding through the NYSDOH AIDS Institute by April 30, 2022.
- 2) Stigma reduction trainings: Ensure that 75% of all clinical HIV care providers, including those who receive Part B funding through the NYSDOH AIDS Institute, will offer a consumer-driven stigma reduction training to their staff by April 30, 2022.

Key strategies:

- A Stigma Subcommittee will be formed with members of the Office of the Medical Director (OMD) Quality of Care (QOC) Consumer Advisory Committee (CAC) and Clinical Quality Advisory Committee (QAC) to develop and implement a statewide HIV stigma reduction plan.
- The stigma subcommittee will review, and catalogue stigma reduction activities implemented as part of the OMD/QOC stigma reduction campaign.

- The Stigma Subcommittee will also review survey, interviews, and all other stigma reduction activities conducted with HIV clinical and supportive service providers by the Columbia University-led Stigma Reduction and Resiliency (STAR) Coalition's Mapping Group, and catalogue emerging practices.
- The Stigma Subcommittee will research successful consumer-driven stigma reduction training curricula to be included with the HIV clinical and supportive service provider stigma reduction activities.
- The subcommittee will also include in the toolkit, the stigma survey developed and used in the 2016-2018 NYSDOH AIDS Institute stigma reduction campaign.

Goal 4: Improve health outcomes for HIV aging and long-term survivors in NYS.

Measurable objectives:

- 1) HIV+ aging and long-term survivor survey of providers: Aim for 75% of HIV clinical and non-clinical providers in NYS to complete a survey focused on quality of care provided for HIV+ aging and long-term survivors.
- 2) HIV+ aging and long-term survivor survey of consumers: Ensure that a minimum of 80 PLWH who are aging or long-term survivors complete the survey.

Key strategies:

- Convene two focus groups to explore barriers and facilitators of HIV+ aging and long-term survivors' quality health care and outcomes
- Partner with Syracuse University researcher to develop a survey based on the results of the focus groups
- Distribute the survey to PLWH, including long-term survivors and aging PLWH, as well as healthcare providers across NYS.
- Evaluate the results of the survey and develop improvement strategies based on survey results
- Implement activities aimed at improving healthcare outcomes for HIV+ aging and long-term survivors.

Goal 5: Increase consumer involvement in local QM programs and in regional quality improvement efforts.

Measurable objectives:

- 1) Availability of consumer QI trainings in NYS: increase the number of virtual consumer QI trainings to 10 statewide sessions completed by December 31, 2022.
- 2) Consumer participation in QI training sessions: Ensure that a minimum of 200 consumers access these training sessions by December 31, 2022.
- 3) Consumer representation in regional peer Learning Networks and NYLinks: increase the percentage of consumers attending regional Learning Network and NYLinks meetings to 10 percent (# of consumer participants/# of all meeting attendees).

Key strategies:

- Include consumer-related agenda items in Learning Network and NYLinks meetings.
- Deliver consumer trainings through Learning Networks, regional groups.
- Conduct focus groups with consumers to generate ideas to increase the number of consumers attending Learning Network and NYLinks meetings.
- Use virtual platforms to reach more consumers.

Improvement Initiatives

The following quality improvement initiatives are integrated into the QOC Program and are being implemented or continued statewide in 2021.

Organizational Treatment Cascades of HIV Care and Treatment

To increase the proportion of PLWH who achieve durable viral suppression, the QOC program has asked clinical HIV providers across NYS to create organizational treatment cascades, which identify the proportion of PLWH at each clinic at each stage of the care continuum, from diagnosis through viral suppression. These organizational treatment cascades allow providers to clearly identify gaps along the pathway from linkage and engagement in care to viral suppression and to develop and guide improvement activities that aim to address those gaps. Quality of Care Program coaches review submissions with the QOC program data analyst to ensure the integrity of the data collected and QI plans submitted. The QI coach corresponds with the organization, working with them to provide support and technical assistance in finalizing the submission and implementing quality plans. Contract managers are also intrinsic to the organizational treatment cascade review process. Prior to their return to the clinical provider, the organizational treatment cascade submissions are shared with the relevant contract managers. This course of action is to ensure AIDS Institute programmatic wide recognition and awareness in the cascade reviews and the clinic's incumbent expectations. QI webinar and in-person tutorial reviews provided guidance for contract managers and other AI staff into the organizational treatment cascades.

Mortality Reviews

The AIDS Institute Medical Director and the Director of Research Initiatives will develop recommendations regarding the implementation of a process for mortality review. This review includes reporting of deaths among PLWH in an organization, including enrolled clinic patients and those dying in the hospital, and analysis of specific causes of death to identify modifiable factors, including access, coordination of care, and quality of care that are associated with deaths of PLWH.

Stigma Reduction

The potential negative impact of stigma on achieving the EtE goals has been raised by both health care providers and consumers. This statewide effort focuses on the manifestations of stigma at all HIV clinical and non-clinical care and service organizations that can be addressed to reduce the impact of stigma on PLWH.

A stigma survey was created in concert with a subcommittee of the HIV Quality of Care Advisory Committees and included in this year's QOC Program Review based on the recommendation of the HIV Quality of Care Advisory Committees (CAC and QAC). Applicable orientation, training, and shared lessons learned are coordinated at NYLinks Regional Group meeting working with AETC and the STAR Coalition Mapping Groups, statewide QOC webinars, and via individualized coaching by improvement coaches. This work will be informed by interviews conducted by QOC program as part of the STAR Coalition Mapping group. The interviews were conducted with clinical and non-clinical HIV providers throughout NYC to understand current stigma reduction activities and to identify gaps. NYLinks will use information derived from these interviews as they work with the STAR Coalition and AETC to develop capacity building and improvement activities for clinical and non-clinical providers to develop and evaluate HIV and intersectional stigma activities that can be spread to additional providers throughout NYS (see Appendix I).

HIV+ Aging and Long-Term Survivors Initiative

The HIV+ Aging and Long-Term Survivors subcommittee was established by the Quality of Care Advisory Committees (CAC and QAC) to determine the barriers and challenges that reduce the quality of care for older people living with HIV and long-term survivors. The subcommittee hosts focus groups and

townhalls to receive input directly from consumers and providers, specifically how supportive services and healthcare services directly impact the outcomes for older people living with HIV and long-term survivors. The HIV+ Aging and Long-Term Survivors subcommittee helped Dr. Maria Brown, from Syracuse University's Aging Studies Institute, develop a survey based on the barriers and recommendations identified by consumers and providers in townhall meetings. The survey is now closed and is currently in the data analysis stage. Based on the results of the focus groups and surveys, the subcommittee provides the AIDS Institute with policy recommendations to improve the care and outcomes of this population across New York State (see Appendix H).

Substance Use

Substance use has been associated with behaviors that can impede viral load suppression and other health outcomes for PLWH. The CAC and QAC have formed a subcommittee to develop an initiative to mitigate associated negative health outcomes. The group will meet quarterly, develop a plan that they will present to the full CAC and QAC committees for implementation in 2021.

Hepatitis C Co-infection

CAC and QAC have identified Hep C coinfection as a health risk for people living with HIV. The CAC and QAC have formed a subcommittee to develop an improvement campaign to focus on eliminating hepatitis C, and so improving the health and quality of life for affected PLWH. The group will meet quarterly, develop a plan that they will present to the full CAC and QAC committees for implementation in 2021.

Evaluative Framework for Telehealth

With the swift uptake of Telehealth due to the COVID-19 pandemic, both providers and consumers have expressed the need for technical assistance. The AIDS Institute in conjunction with the NYCDOH Bureau of HIV Clinical Operations and Technical Assistance (COTA) Program, have put together a series of webinars that promote the evaluation of HIV Telehealth programs, in clinical and non-clinical provider settings. The webinars include both provider (clinical and non-clinical) and consumer panelist answering questions about access and timeliness of care, effectiveness, quality improvement, and staff and patient experience. The findings will be shared with the CAC and QAC in hopes that they will develop an initiative to promote the evaluation of HIV care provided via Telehealth (see Appendix G).

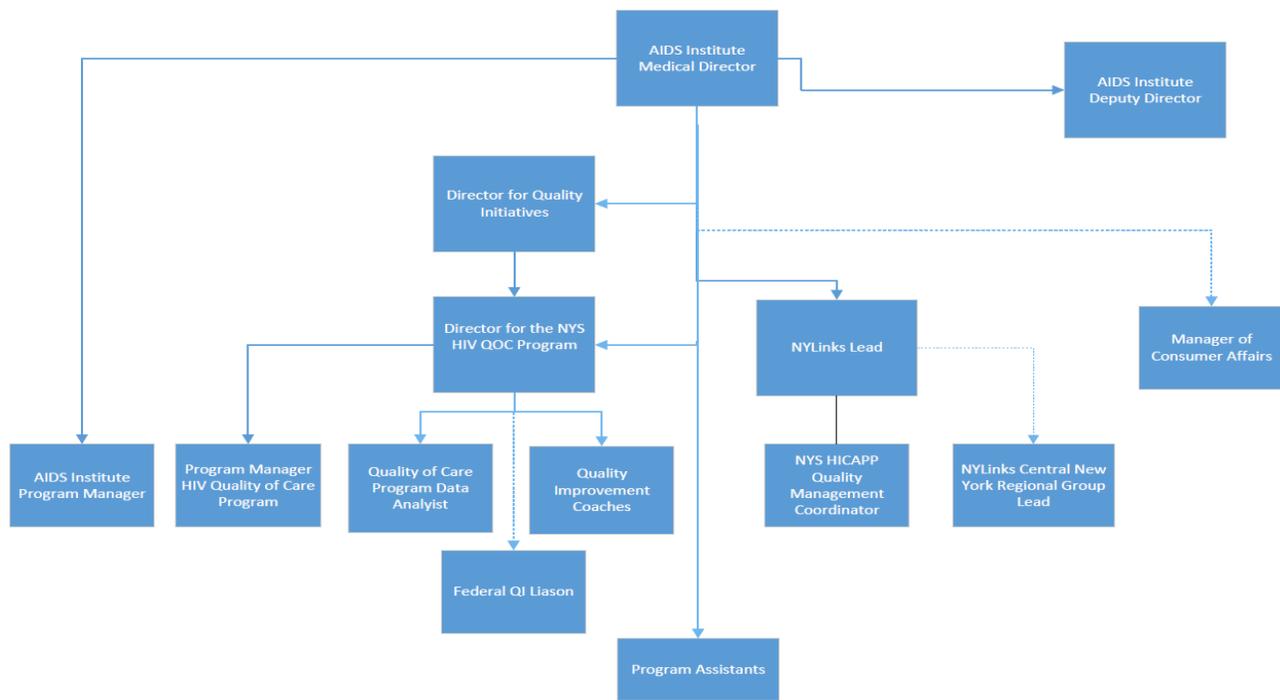
III.) Quality Improvement Infrastructure and Stakeholders

The AIDS Institute is informed by advisory bodies, including committees of providers (Quality Advisory Committee) and consumers (Consumer Advisory Committee/Young Adult Consumer Advisory Committee), as well as by other AIDS Institute quality initiatives. These include the AIDS Drug Assistance Program, the Quality of Care (QOC) Program and the Office of Medicaid Policy and Planning. The QOC Program also engages with numerous other quality programs, including the NYC EMA QM Program, the NYCDOH MH HIV Clinical Operations and Technical Assistance (COTA) Program, the HIV Guidelines Committee, and the Department of Corrections and Community Supervision.

The AIDS Institute Office of the Medical Director (OMD) coordinates the statewide quality activities through the participation of internal and external stakeholders to promote, monitor, and support the quality of HIV clinical services for PLWH in NYS. The Medical Director of the AIDS Institute, who is a member of the AIDS Institute Executive Staff, directs quality improvement activities across the AIDS Institute and is supported by public health professionals at the AIDS Institute and external contractors. The Medical Director reports to the Director of the AIDS Institute.

The following organizational chart outlines the various QOC staff with responsibilities in management and implementation of the QOC Program.

AIDS Institute Quality of Care Program



HIV Quality of Care Clinical Quality Advisory Committee (QAC): The QAC was formally established in 1995 to advise the AIDS Institute and ensure that the delivery of services and care, including those provided by Ryan White Part B subrecipients, is consistent with HIV treatment guidelines. Composed of clinical representatives from HIV ambulatory care facilities across NYS, with active participation by the NYC Ryan White Part A Program leadership, this Committee meets quarterly to establish priorities for monitoring quality of care and to inform the selection and prioritization of performance measures and review criteria. For 2020 and 2021, the Committee has endorsed priority areas for quality monitoring and improvement, with specific emphasis on identifying individuals who receive services from a health care organization, patients who are established actively receiving care, new to care at that organization and those who are newly diagnosed. Priorities include viral suppression; hepatitis C management; HIV aging and long-term survivor care; addressing stigma in health care settings; STI care and treatment; drug-user health, LGBTQ Health, and the use of advanced electronic information systems, including Regional Health Information Systems, to generate performance data. Health equity remains an established priority with an emphasis on eliminating disparities. Co-chairs of this committee attend CAC/YACAC meetings and a joint meeting between the QAC and the CAC/YACAC occurs annually (see Appendix D).

Consumer Advisory Committee (CAC) and Young Adult Consumer Advisory Committee (YACAC): Launched in 2002, the CAC represents the diverse communities and regions affected by the HIV epidemic in NYS. YACAC was established subsequently to involve youth living with HIV so that their specific needs would be included. These committees were then combined in 2015. These two committees provide input to the AIDS Institute and ensures that consumer priorities are captured and integrated into the NYS QM Plan. At quarterly meetings, participants discuss quality of care issues,

including performance measurement, quality improvement activities, and targeted consumer/provider initiatives of the HIV QOC Program. Co-chairs of this committee attend the QAC meetings and a joint meeting between the CAC/YCAC and the QAC occurs annually (see Appendix E).

HIV Clinical Guidelines Program: Since 1987 clinical and public health experts have collaborated on the evaluation, development, dissemination, and promotion of implementation of HIV clinical practice guidelines. These guidelines, available at www.hivguidelines.org, address the medical management and treatment needs of adults and adolescents living with HIV, including those with mental health or substance use disorders. In addition, evidence-based guidelines are developed on specific issues that affect the health care needs of women living with HIV, as well as oral health care and prevention services including PEP and PrEP. In line with the expanded mission of the AIDS Institute, the Program also produces guidelines relating to hepatitis C, STIs, sexual health, and substance use. The Program, by providing a statewide community standard of medical care, supports clinicians in the treatment of PLWH and other HIV service providers involved in patient treatment and care. The Chair of the Quality Advisory Committee is a permanent member of the HIV Clinical Guidelines Medical Care Criteria Committee.

Many programs within the NYSDOH AIDS Institute incorporate quality improvement activities. The LEAN quality improvement methodology tracking measures have been adopted for reaccreditation through the NYSDOH Performance Management Reporting System (PMRS) and have been used for mass mapping of HIV Qual agency processes in moving patients through appointments. The QOC Program cooperates with the AIDS Drug Assistance Program Quality Management Program, the Department of Corrections and Community Supervision, the Office of Medicaid Policy and Programs, and HCV and Drug User Health Programs.

Health Equity Program: The AIDS Institute Health Equity Program, established in 2019, has recently developed health equity goals based on analysis of various data sets including AIRS (AIDS Institute Reporting System) and surveillance data.

IV.) Performance Measurement and Summary of Results

The AIDS Institute supports performance measurement activities to assess the clinical care of people living with HIV or hepatitis C across NYS.

The annual review of HIV care and services is overseen by staff within the Office of the Medical Director with assistance from external quality coaches within each geographic region of NYS. The supplemental reviews are conducted by other NYS and NYC programs, including ADAP, DOCCS, Part A QM Program, NYCDOHMH (via care continuum dashboards), the hepatitis program, and others.

2017-2020 Statewide Quality of Care Reviews

All clinical providers, including all Part B providers, participate in an annual quality review, identifying areas in need of improvement and developing quality improvement activities to improve services and outcomes in these areas. Please see the attached appendices for specific measures, reviews, and QI activities.

From 2017 to 2020 providers submitted data related to HIV organizational treatment cascades, and they will submit similar data in 2021 for care provided in 2020.

Based on the recommendations of the NYS HIV Quality of Care QAC and its EtE subcommittee, in conjunction with the CAC/YACAC, 2017's review embraced a new, innovative approach that adapted the HIV treatment cascade for health care organizations and focused on goals that contribute to Ending the Epidemic in NYS. The 2017 HIV QOC Program Review, evaluating 2016 performance, was initiated in early 2017 with a deadline for the first phase of submission on April 30, 2017.

In 2017, the review consisted of the following components: organizational HIV treatment cascades, eHIVQUAL evaluation of HIV care and screening for STIs, stigma-reduction, and tobacco cessation.

In 2018, providers were no longer asked to submit eHIVQUAL measures. The 2018 review focused instead upon the HIV treatment cascades, prompting providers to share data with their team, develop improvement goals based on their analysis, and move seamlessly into improvement activities. Viral suppression and ART prescription rates are extracted from the submitted cascades to generate facility-specific, regional, and statewide reports for these measures. Linkage to care was also assessed for newly diagnosed patients.

In addition to the organizational treatment cascades, in 2018, the review consisted of a stigma-reduction campaign, tobacco cessation, and a mortality review.

Organizational HIV Treatment Cascades

For care provided in 2017, HIV clinical providers submitted:

- Two organizational HIV treatment cascades, one for patients newly diagnosed or new to care and one for established patients and previously diagnosed patients of unknown care status. The cascades included aggregated results for all PLWH who received any services from an organization and breakout data by demographic groups among established patients for antiretroviral therapy, viral load testing, as well as care status information detailing the number of patients who died during the review period or who were known to be incarcerated, linked to ongoing external HIV care, or relocated outside NYS as of the end of the year.
- A detailed description of the methodology used in the cascades, including that used to identify patients receiving any services in their organization and ascertain their care status.
- Formal improvement plans based on gaps identified in the treatment cascades.

Starting with the review of care provided in 2018, HIV clinical providers submitted:

- Organizational treatment cascade data for newly diagnosed patients, other new to care patients, established active patients, and other previously diagnosed patients who received any kind of care at the organization.
- A detailed description of the methodology used in the cascades, including that used to identify patients receiving any services in their organization and ascertain their care status.
- Formal improvement plans based on gaps identified in the treatment cascade review, with an emphasis on key population patient characteristics (e.g., gender, race/ethnicity, age, transmission risk, and housing status).
- A description of how HIV clinic consumers are involved in the quality improvement plan.

A baseline resistance indicator for newly diagnosed patients was introduced with the review of care provided in 2019.

No significant changes are planned for the 2021 review of care provided in 2020.

Data Follow-up and Reporting

As performance data are submitted by HIV providers to the AIDS Institute, Office of the Medical Director staff and consultants conduct data quality assurance (DQA) checks and work one-on-one with the facility responsible for reporting the data as part of ongoing data quality improvement (DQI) processes. Throughout the submission process for the organizational treatment cascades, NYLinks regional coaches serve as a first point of contact in communication between organizations and NYS. At regular QOC Workgroup meetings, coaches report back on the status of cascade submissions and discuss issues and key findings coming out of the QOC Program Review with HIV and Hepatitis Health Care Division staff, other Office of the Medical Director staff, and consultants. All cascades and improvement plans submitted are reviewed and approved by the NYSDOH AIDS Institute Quality of Care program staff and improvement coaches. These activities are closely coordinated with the Division of HIV Health Care through their contractual relationships with participating organizations. Contract managers monitor grant-funded organizations, including part B grant funded programs, to ensure their full participation in the QOC Program.

The data from the performance review will be shared on the Health Data NY open data platform (<https://www.healthdata.ny.gov>), hosted by the NYSDOH, to increase transparency and improve general access to governmental datasets. Some example treatment cascades are also displayed on the Ending the Epidemic dashboard. Results and analysis from the reviews are presented in statewide and regional reports for each component of the review, in formats which permit comparative evaluation, benchmarking analysis, and identification of potential disparities. In addition, statewide and regional performance data results are routinely shared with members of the various committees.

The results of the performance review will be used by NYS to identify low-performing providers as high priority for intensive technical assistance and consultation, and to evaluate the condition of HIV care throughout the State. For example, low performing sites are identified using the most recent data results and receive technical assistance in drilling down their performance data, performing process investigation, and developing tailored improvement plans to address key data findings (see Section V. Capacity Building for more information).

Organization-level Indicator Performance (2017 to 2019)

Patient Group	Indicator	2017*			2018			2019		
		25 th Pct.	Med.	75 th Pct.	25 th Pct.	Med.	75 th Pct.	25 th Pct.	Med.	75 th Pct.
Newly Diagnosed	3-day Linkage to Care	42%	65%	100%	20%	41%	60%	24%	52%	82%
	On ARV Therapy	80%	91%	100%	83%	96%	100%	92%	100%	100%
	Any VL Test	88%	99%	100%	91%	100%	100%			
	VL Test within 91 Days				86%	93%	100%	87%	95%	100%
	Suppressed Final VL	50%	65%	74%						
	Suppressed within 91 Days				29%	45%	55%	34%	50%	65%
	Baseline Resistance Test							50%	74%	88%
Other New to Care	On ARV Therapy	89%	96%	100%	89%	97%	100%	97%	100%	100%
	Any VL Test	93%	97%	100%	95%	99%	100%	95%	98%	100%
	Suppressed Final VL	62%	70%	80%	63%	74%	81%	70%	78%	84%
Established Active	On ARV Therapy	98%	99%	100%	98%	99%	100%	98%	99%	100%
	Any VL Test	97%	99%	100%	97%	99%	100%	98%	99%	100%
	Suppressed Final VL	84%	88%	91%	83%	88%	90%	85%	89%	92%
All Open Previously Diagnosed	On ARV Therapy	81%	92%	97%	88%	95%	98%	89%	95%	97%
	Any VL Test	78%	92%	96%	83%	93%	97%	85%	93%	97%
	Suppressed Final VL	60%	80%	85%	70%	80%	86%	69%	81%	88%

*2017 data are based on direct report of aggregated numbers, rather than NYS scoring of patient-level data as done in 2018 and 2019. This may have affected the accuracy of the linkage measure in particular.

Hepatitis C Quality Indicators: In 2017, the QOC Program expanded its improvement activities for patients receiving hepatitis C care and treatment beyond the AIDS Institute-funded programs to include five NYC-based hospitals receiving funding from the New York City Department of Health and Mental Hygiene for hepatitis C care and treatment. Providers submit data annually. Providers can generate reports of the data results instantly to inform improvement plans for these patients.

Traditionally, the activities of the QOC Program were primarily directed toward clinical programs. In recognition of the importance of social determinants of health and the role of non-clinical programs as critical partners in ending the epidemic, the QOC Program is in the process of expanding and integrating its activities targeted toward non-clinical programs.

Measure	Collection Method
Outcome measure: viral suppression	AIRS quarterly reports
Process measure: to be determined	To be determined

Organizational Assessments

In order to evaluate, track, and support adherence to the QOC Program Standards, QOC staff and coaches conduct organizational assessments of high priority, low performing HIV ambulatory care program in NYS annually. High priority sites are identified via viral load suppression scores submitted in the annual quality of care review (see Appendix M). For approximately 20 years, the organizational assessment tools have been developed and updated in accordance with the AIDS Institute QOC Standards and HRSA HIV/AIDS Bureau QM expectations.

The organizational assessments complement the annual QOC Program Review, with both completion of the QOC Program Review and relative performance on some indicators captured by the organizational treatment cascades, taken into consideration in the organizational assessment.

The organizational assessment tool (see Appendix O) includes the following domains:

- Quality Structure
- Quality Planning
- Quality Performance Measurement
- Quality Improvement Activities
- Staff Involvement
- Consumer Involvement
- Evaluation of Quality Program
- Achievement of Outcomes
- Reduction in Disparities
- Ending the Epidemic Initiative
- Organizational QM Integration of HIV Supportive Service Programs and Clinical Activities

Assessment scores are centrally stored and shared individually with HIV providers. Recommendations are made for improvement and technical assistance is offered, where appropriate, in response to assessment findings. QOC staff and coaches conduct follow-up reviews, phone consultations, and site visits to ensure successful outcomes. Ongoing and meaningful involvement of the consumer populations at each site is an important goal. Sites with low clinical performance in viral suppression or other key indicators are prioritized for technical assistance and are systematically tracked to ensure recommended changes are implemented. Contract managers across the AIDS Institute help to ensure that these sites follow through on recommended improvements. The goal is to work with these programs to ensure that a sustainable QM infrastructure is in place and achieves desired clinical outcomes, with special emphasis placed on sustained viral suppression.

Since all data are entered in a centralized database, statewide and regional organizational assessment reports can be generated in addition to individual site reports. These reports allow for priority setting and are included in the regional improvement work.

Quality Improvement Profile

The AIDS Institute's QOC Program annually compiles summarized information about the HIV QM programs of organizations that provide HIV clinical care in New York State. Data are compiled from multiple sources, including components of the QOC Program Organizational HIV Treatment Cascade Review. Components of the review displayed in the QI profile include longitudinal performance data on key quality indicators, such as viral suppression, and highlight site-specific QI activities, and their plan for involving consumers in these improvement activities. Participation in a Learning Network or NYLinks Regional Group is also included. The QI profile report is provided to organizations and contract managers. This profile may be used to review the HIV QM program's effectiveness and to make changes if needed (see Appendix L).

Risk Management

To mitigate potential risks that threaten the accomplishments of the QOC Program, the following four risks and corresponding controls were identified.

Risk #1: HIV Patient Confidentiality

The QOC Program has developed an online application that allows HIV providers to self-report their HIV performance measurement data. The data entries include personal health information of individuals living with HIV. There is a potential that the database could be hacked and, therefore, compromise patient confidentiality.

Control for Risk #1

The QOC Program staff has worked with NYSDOH IT personnel to incorporate multiple safeguards to protect the database and provide state-of-the-art safety measures. The online application is built and maintained in accordance with NYSDOH policies and procedures. In addition, all end users undergo a standardized process to certify their credentials.

Risk #2: Inaccurate Performance Data

In the development and implementation of performance measurement systems to assess the quality of HIV care across all HIV programs in NYS and the distribution of annual performance data to providers and consumers, there is the risk of inaccuracies in the data and, therefore, of misrepresenting facility-

based performance scores to the public. In addition, data presentations by QOC Program staff could misrepresent facility data or utilize data that have not been formally approved by the AIDS Institute.

Control for Risk #2

Conduct validation reviews of submitted and reported performance data, establish data validation reports in data collection tools, internally review data scoring processes, and cross-reference data. Electronic systems have numerous accuracy and quality control checks, which automatically prevent many errors in data entry. Technical assistance is available to providers to follow up on the provided information and help them improve the accuracy of their reported data. Policies have been put in place for QOC Program staff for formal approval of data presentation slides and sharing of public data reports.

Risk #3: Provision of Consultative Services

In the provision of consultative services to assist HIV programs to develop their quality management programs in accordance with external requirements, there is the risk of gathering inaccurate review data or organizational assessment findings, and, thereby, of negatively influencing local areas of focus for improvement and organizational priorities. Provision of technical assistance and coaching by different coaches could potentially result in incongruent learning amongst different providers.

Control for Risk #3

Internal review of organizational assessment data and review of longitudinal data are conducted to detect any inconsistencies and to detect trends over time. Data validation reviews and internal review of data scoring processes are in place. A standard approach to quality improvement is used, with coaching materials shared amongst all coaches who meet regularly to share techniques.

Risk #4: Communication with Stakeholders

All data that are presented in public, shared with providers, or posted on websites has the potential to contain errors. This also includes analyses of data which may lead to erroneous conclusions and interpretation that bears the endorsement of OMD and the NYSDOH AIDS Institute. The written communication that includes data and a corresponding interpretation also has the potential to be distributed and/or categorized in an inappropriate manner; for example, marking a communication as “urgent” when a true emergency is not present.

Control for Risk #4

No data will be presented at meetings, posted on websites, or distributed through written communication (including email) to stakeholders without formal approval of the Medical Director. The OMD policies and procedures for communicating with stakeholders is included in the OMD staff orientation binder that is openly accessible to all staff. Each staff member is required to read and sign an acknowledgement that the policies and procedures have been read, understood, and will be adhered to. Managers are to ensure that their staff are fully aware of these procedures and are to implement an approval process within their programs. These policies and procedures apply to any consultants working within the programs.

V.) Capacity Building

AIDS Institute staff receive training in the IHI improvement model through the Quality of Care Program. These training sessions are 3 hours in length and occur on an annual basis. Quality of Care Program staff facilitate these training sessions in Albany and NYC. Additional capacity building for staff is offered through the NYSDOH Lean Office, which provides training sessions in Lean methodology and the Center for Quality Improvement and Innovation (CQII).

Contract managers, including contract managers for all Part B funded programs work with the QOC Program to provide QI and QM capacity building for HIV supportive and clinical care providers. The AIDS Institute assists providers in building and maintaining their QM infrastructure, the use of QI methodologies for continuous improvement of services and outcomes, and the involvement of consumers in quality improvement programs.

NYLinks: The Quality of Care Program collaborates closely with NYLinks (see Appendices R-T). NYLinks is composed of 10 regional groups of HIV clinical and non-clinical providers that meets regularly to increase their knowledge of QI methods and to set regional priorities for, and share the results of, improvement work. Each Regional Group receives ongoing quality coaching and holds quarterly one-day or half-day group meetings that focus on QM and peer exchange. The coach is responsible for ensuring that each organization receives an annual organizational assessment, for engaging all HIV providers in the regional QI work associated with NYLinks, and for introducing and following up on all annual quality initiatives. The coach also serves as one of the links between regional quality improvement goals, which tend to focus on linkage to care, engagement in care, and viral suppression, and EtE regional efforts, which tend to be broader. This flexible structure accommodates the specific needs of each region, as determined by organizational distribution, staffing, and resource allocation. Coaches meet regularly via conference call to update each other on regional work, share successes, raise issues, and provide advice to each other. These meetings are also used to track progress on specific programmatic and quality initiatives.

Learning Networks: Learning Networks (see Appendix N) are composed of groups of HIV providers based on program (e.g., CHC) or population (e.g., youth) affinity. Members of Learning Networks receive ongoing quality coaching from the QOC Program and then meet three or four times annually as a group for structured group meetings, sometimes held virtually, to learn about QM and engage in peer exchange. The goals of the Learning Networks are to improve the quality of HIV services and patient outcomes, strengthen provider QM infrastructure, and increase competency in performance measurement. Based on organizational treatment cascade data, group quality projects have been developed to address viral suppression, linkage in care, and retention in care. For example, viral suppression initiatives have focused on improving viral suppression outcomes among specific subgroups of patients among whom viral suppression rates remain low, and providers with high scores have been invited to present their processes for ensuring viral suppression among patients in their clinics. Participants in the Learning Networks regularly submit reports to the coaches, which include improvement data as well as observations on the successes and challenges of improvement activities, and which are shared with AI contract managers, as needed. These reports have been compiled and presented back to providers for comparison with other Network participants. In this way, best practices along the HIV organizational treatment cascade are gathered, developed, and disseminated to promote effective models of care that are responsive to the needs of patients, including through the compilation of lists of successful interventions.

Currently, the learning network focuses on provider organizational treatment cascade QI plans. Providers present results at meetings and engage in small group discussions of what improvement strategies seem most effective.

Targeted Technical Assistance for low-performing and high-volume sites: Follow-up with targeted technical assistance is prioritized for organizations with large caseloads and/or for those with comparatively lower viral suppression rates, gaps in their organizational treatment cascades, and an

inability to collect and submit performance review data (“non-submitters”). Clinics with a score in the bottom 25th percentile for key indicators, including viral suppression, are systematically targeted for assistance. Medical directors and leaders of these clinics are informed of their low scores and are involved in establishing improvement strategies focusing on these areas. Formal technical assistance by QOC Program staff and improvement coaches is encouraged, and submission of improvement plans is required.

Technical Assistance Coaching Program: A statewide QI coaching service provides professional technical assistance to build capacity and capability for internal QI in HIV agencies across NYS. QOC staff and improvement coaches help providers develop and implement a sustainable structure for QM and processes for ongoing internal quality monitoring and improvement activities. Staff and coaches provide guidance and support to programs through discussion and interpretation of data, education about QI methods, and support for development and sustainability of QM programs. They assess the QM infrastructure using standardized assessment tools and assist in the measurement and interpretation of public health and organizational performance data. The QOC Program emphasizes the development of systems and processes to support improvement activities involving both clinic staff and consumers. Activities are designed to result in structural features that are integrated within health care organizations and designed to be sustainable even when organizational ownership, leadership, and staffing change.

Consumer Engagement

Consumer involvement in QI is an essential element for HIV QM programs in NYS to achieve sustainable health outcomes. It is an expectation of all HIV providers, defined explicitly in the QOC Standards, and assessed in the organizational assessment of HIV QM programs. Ongoing and meaningful involvement of the consumer population in HIV quality improvement activity is the main goal. Successful consumer involvement in QI requires partnership between, and capacity building for, the provider community and consumers. The NYS model for consumer involvement below provides a schematic of the multipronged approach used to build capacity and a sustainable structure with which to engage consumers in the evaluation and improvement of the quality of care at the provider, regional, and statewide level.

The QOC program offers both direct consumer training and training for staff (which can include consumer participants) to engage consumers. There are three forms of direct consumer training:

Training Consumers in Quality (TCQ): A consumer QI training aimed at increasing confidence and understanding among TCQ participants of basic vocabulary for QI, tools, methodologies, performance measurement processes, and RWHAP quality expectations. Structure is built into this training for TCQ graduates to be actively engaged in the QM program at the sponsoring clinic or supportive service agency.

Training Consumers in Quality Training-of-Trainer Program (TCQPlus): A training for HIV clinical and service providers, partnered with consumers, with the aim of building capacity among consumers and HIV clinical and supportive service providers to deliver quality improvement trainings to consumers at the regional level and across the State.

Consumer Quality Training Academy: An internet-based modular learning program on QI for consumers is available for consumers who want to learn more about QI. “Self-Management: The Rationale, Evidence Base, and Practice Implications” is the first tutorial in what is intended to be a series of trainings.

In addition, the QOC Program has coordinated two types of initiatives to foster consumer involvement in quality programs through active participation:

Health Care Stories Project: This interactive, multidimensional project is designed to discover how those who receive HIV services perceive and experience these services. New insights gained about the service delivery processes through this project may broaden and strengthen sites' QM programs. Identifying services that critically shape user experiences of "quality of care" allows clinic staff to understand the unique ways in which healthcare consumers experience and interpret services. In three activities, healthcare users describe the clinic using key words, chart the steps of care in the clinic, and engage in coproduction activities with healthcare staff.

The Living Cascade: The Living Cascade tool is a five-page worksheet that encourages consumers to describe their personal journeys along the cascade of diagnosis, care, and treatment. It can be customized to display the organizational HIV treatment cascade. With user-friendly clinical indicator definitions, each page of the worksheet focuses on one bar of the cascade and includes three to four questions designed to capture the patient experience. A total of 15 questions guide the consumer through the steps that depict their journey toward becoming an active patient, managing ART, and achieving viral suppression. Aggregate data results may unveil successful engagement and adherence strategies, as well as opportunities for consumer-driven QI activities. The goal of this tool is to help consumers better understand organizational HIV care cascades, patient self-management, quality of care, and performance measurement and QI based on patients' experiences receiving health care. The Living Cascade enhances the processes by which facility QM programs address the gaps in their cascades and reinvigorates consumers' commitment to their own HIV care and self-management.

The program is currently focusing on one-on-one technical assistance and coaching as needed with each site based on consumer involvement data submitted via the organizational treatment cascade review.

VI.) Communication

Communication with Internal Stakeholders

Staff from across the AIDS Institute meet with the QOC Program staff at a quarterly Quality Management Committee meeting that is facilitated by the AIDS Institute Medical Director to discuss performance measurement and improvement activities being implemented across all divisions and providers, both supportive and clinical, including all Part B funded programs.

The annual Quality Management Plan is shared with all staff at AIDS Institute staff meetings and is made accessible to all staff through the agency intranet.

The Workgroup provides recommendations and develops collaborative models. QOC Program and NYLinks staff attend monthly regional EtE meetings to strategize improvement activities aimed at ending the epidemic on a regional basis. In addition, QOC Program coaches meet weekly to share coaching techniques, discuss challenges, and identify opportunities for improvement.

Communication with External Stakeholders

Results from reports and research conducted by the QOC Program are made available to the public through a variety of means, including the NYSDOH website, email communication with providers, presentations at committee meetings and conferences. In addition, staff of the QOC Program, under the direction of the Medical Director, submit articles to professional journals.

VII.) Internal Program Evaluation

The Quality of Care Program, which strives for continuous improvement, engages in an annual evaluation process with the Quality of Care Committee and Consumer Advisory Committee reviewing indicators of the cascade reviews, and QI initiatives of the QOC Program, making recommendations for changes that are enacted by the QOC Program staff.

The QOC Program staff also evaluates its success at achieving its stated mission and the goals outlined in this QM Plan annually. An assessment tool is used to assess the effectiveness of the program and the overall success of the annually established QI goals. (See Appendix P for the Part B Organizational Assessment Form.) Program staff review the evaluation findings, recommend a plan for improvement, and discuss the findings at various committee meetings in time for the findings to be useful in the annual priority-setting process.

The QM Plan is updated annually by the Quality of Care Program Director, in consultation with the internal workgroup. Annual updates of the QM Plan facilitate learning from past performance and effective planning for the future.

The implementation of the 2021 QM Plan is outlined in detail in the QOC Program Workplan (see Appendix A).

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